

Insurer Examination Checklist

To assist you in the Insurer Examination (IE) process, here is a checklist to review each time you are considering referring for an Insurer Examination (IE):

Consider referring for an IE in the following scenarios:	• Diagnosis or prognosis needs clarification	√
	• Concern regarding primary care provider	
	• Lack of progress or lack of proactive medical management	
	• Need assistance determining appropriate treatment	
	• Treatment appears excessive or inappropriate	
	• Pre-existing medical issues may exist unrelated to the motor vehicle accident	
	• Injury of disability causation needs clarification	
	• Need to establish a return to work plan	
Provide the Assessor with the following information:	• All documentation on file: recommended information includes accident details outlining the event that resulted in the IE referral, medical history, reports and case notes.	
	• Specific and appropriate questions and requests for information.	
Provide the Assessor with specific and appropriate questions:	Regardless of the benefit category, the following topic areas should be standard in your questions:	
	• Diagnosis	
	• Prognosis	
	• Pre-existing issues and their impact on injuries	
	• Return to pre-accident status	
	• Recovery to date	
	• Recommendations regarding present treatment, its effectiveness and other treatment that would be beneficial, as well as suggested duration	
• Other comments pertinent to the case		
Guidelines re: Questions & Possible Assessments for Income Replacement Benefits	• Does the client continue to suffer a substantial inability to carry out the essential tasks of his or her employment?	
	• Please precisely identify the limitations and restrictions preventing return to employment, and comment on the objective findings that support these limitations.	
	• What type of work is the client capable of participating in?	

	<ul style="list-style-type: none"> • Please comment on the possibility of modified work and/or graduated return to work. 	
	Possible Assessments:	
	<ul style="list-style-type: none"> • Worksite assessment (i.e. physical demands of the job) 	
	<ul style="list-style-type: none"> • Functional Abilities Assessment 	
	<ul style="list-style-type: none"> • Transferable Skills Assessment 	
	<ul style="list-style-type: none"> • Vocational Testing 	
Guidelines re: Questions & Possible Assessments for Med Rehab Benefits	<ul style="list-style-type: none"> • Do you have any recommendations regarding the present treatment? 	
	<ul style="list-style-type: none"> • Is the present treatment effective? 	
	<ul style="list-style-type: none"> • Do you recommend any other treatments that may be effective? If so, please advise the treatment(s) you recommend and estimate duration(s) 	
	<ul style="list-style-type: none"> • Are the recommended assistive devices reasonable and necessary? 	
	Possible Assessments:	
	<ul style="list-style-type: none"> • Home Assessment & Assistive Devices Assessment • Attendant Care Assessment • Physiotherapy Assessments • Massage Therapy Assessment • Chiropractic Assessment • Psychological Assessment 	
Guidelines re: Questions & Possible Assessments for Housekeeping Benefits	<ul style="list-style-type: none"> • Does the client suffer a substantial inability to perform the house-keeping/home maintenance services that he/she performed before the accident? 	
	<ul style="list-style-type: none"> • Please precisely identify the limitations and restrictions preventing a return to housekeeping and home maintenance activities, and provide the objective findings that support these limitations. 	
	<ul style="list-style-type: none"> • Please identify complications that may be prolonging the disability, preventing a return to housekeeping and home maintenance activities. 	
	<ul style="list-style-type: none"> • If the client is unable to perform housekeeping and home maintenance activities, when is it anticipated that he/she will be able to resume them? 	
	Possible Assessments:	
	<ul style="list-style-type: none"> • Home Assessment & Assistive Devices Assessment • Functional Abilities Assessment 	

Guidelines re: Questions & Possible Assessments for Caregiver Benefits	<ul style="list-style-type: none"> Does the client continue to suffer a substantial inability to carry out the essential tasks of his/her caregiving activities? 	
	<ul style="list-style-type: none"> Please precisely identify the limitations and restrictions preventing a return to his/her caregiving activities, and comment on the objective findings that support these limitations. 	
	<ul style="list-style-type: none"> Please provide recommendations to address the barriers (e.g. treatment, referrals) 	
	Possible Assessments:	
	<ul style="list-style-type: none"> Caregiver Assessment 	
	<ul style="list-style-type: none"> Home Assessment 	
	<ul style="list-style-type: none"> Attendant Care Assessment Functional Abilities Assessment 	
Guidelines re: Questions & Possible Assessments for Non-Earner Benefits	<ul style="list-style-type: none"> Does the client continue to suffer a substantial inability to carry on a normal life as a result of the accident and within 104 weeks of the accident? 	
	<ul style="list-style-type: none"> Please precisely identify the limitations and restrictions preventing a return to his/her activities of normal living, and comment on the objective findings that support these limitations. 	
	<ul style="list-style-type: none"> Does the client require the services of an attendant to manage or assist with activities of daily living? 	
	Possible Assessments:	
	<ul style="list-style-type: none"> Home Assessment 	
	<ul style="list-style-type: none"> Functional Abilities Assessment 	
	<ul style="list-style-type: none"> Attendant Care Assessment 	
Guidelines re: Questions & Possible Assessments for 104 Week	<ul style="list-style-type: none"> Does the client continue to suffer a substantial inability to carry out the essential tasks of employment? 	
	<ul style="list-style-type: none"> Does the client suffer a complete inability to engage in any employment for which he/she is reasonably suited by education, training or experience? 	
	<ul style="list-style-type: none"> Please provide recommendations to address the barriers (e.g. treatment, referrals) 	
	Possible Assessments:	
	<ul style="list-style-type: none"> Worksite Assessments (i.e. physical demands of the job) 	
	<ul style="list-style-type: none"> Functional Abilities of Assessment 	
	<ul style="list-style-type: none"> Vocational Testing/Assessments 	